Improve Care Now Medication Adherence Innovation Community:
Change Ideas Created By and For the Community

Contents

Introduction

Background

ImproveCareNow (ICN) aims to transform the health, care and costs for all children and adolescents with Inflammatory Bowel Disease (IBD), including Crohn's Disease and ulcerative colitis, by building a sustainable collaborative chronic care network, enabling patients, families, clinicians and researchers to work together in a learning health care system to accelerate innovation, discovery and the application of new knowledge.

Since 2007, ImproveCareNow has helped catalyze dramatic improvements in remission rates and care for children and adolescents with IBD. The network has developed into a model learning health system—one designed to support continuous improvement and innovation, seamless delivery of best practices, and generation and capture of new knowledge as a natural part of the care process.

One of the subsets of ICN is its innovation communities. The Medication Adherence Innovation Community was formed in 2014, with the goal being to improve the identification and screening of patients for medication adherence issues, and to provide support to all patients in improving their medication adherence. Medication adherence is a cornerstone of effective care for patients with IBD. The original Medication Adherence Innovation Community consisted of members from the following care centers:
- Cincinnati Children's Hospital Medical Center (CCHMC)
- Vermont Children's Hospital
- Helen DeVos
- Children's Mercy

Key to achieving Network goals is its quality improvement approach, which is centered on the Model for Improvement.[1] The Model for Improvement guides quality improvement teams through three key questions as they seek to test changes in care processes and outcomes: *What are we trying to accomplish? How will we know that a change is an improvement? What changes can we make that will result in improvement?*

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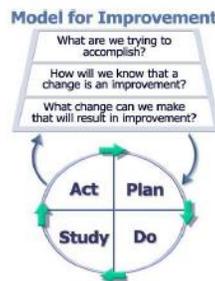
[1] Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP (2009). The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd Edition) Jossey-Bass, San Francisco

How Was this Document Developed

This document was inspired by and grounded in tools, methods, and approaches already being developed or tested by care centers in the Medication Adherence Innovation Community.

How to Use this Document

The ImproveCareNow community is comprised of clinicians, improvement specialists, parents, patients, and researchers working together to improve outcomes for children and adolescents with IBD. This document is a tool for all of the contributors in this system to use together. We hope that the contents will encourage discussion and ideas for improvement. It outlines ideas for ImproveCareNow centers to test as they work toward helping more pediatric patients achieve greater medication adherence. All of the ideas are appropriate to test on a small scale using the Model for Improvement that is used in the Network's quality improvement efforts.

This document is organized around each of the interventions listed on the Medication Adherence Innovation Community key driver diagram shown on page 4. For each intervention, specific changes to test are organized by the intervention to which they relate.

As ImproveCareNow centers become more mature and established and continue on their improvement journey, they will want to ensure that they are testing a range of changes related to each driver. They will also make sure that they are using solid quality improvement principles as they do so, including using the Model for Improvement and Plan-Do-Study-Act (PDSA) cycles.

Part of the Package

This document should be used by teams who are seeking ideas for changes to test via their ImproveCareNow improvement efforts. It is best used in combination with other ImproveCareNow tools, including:
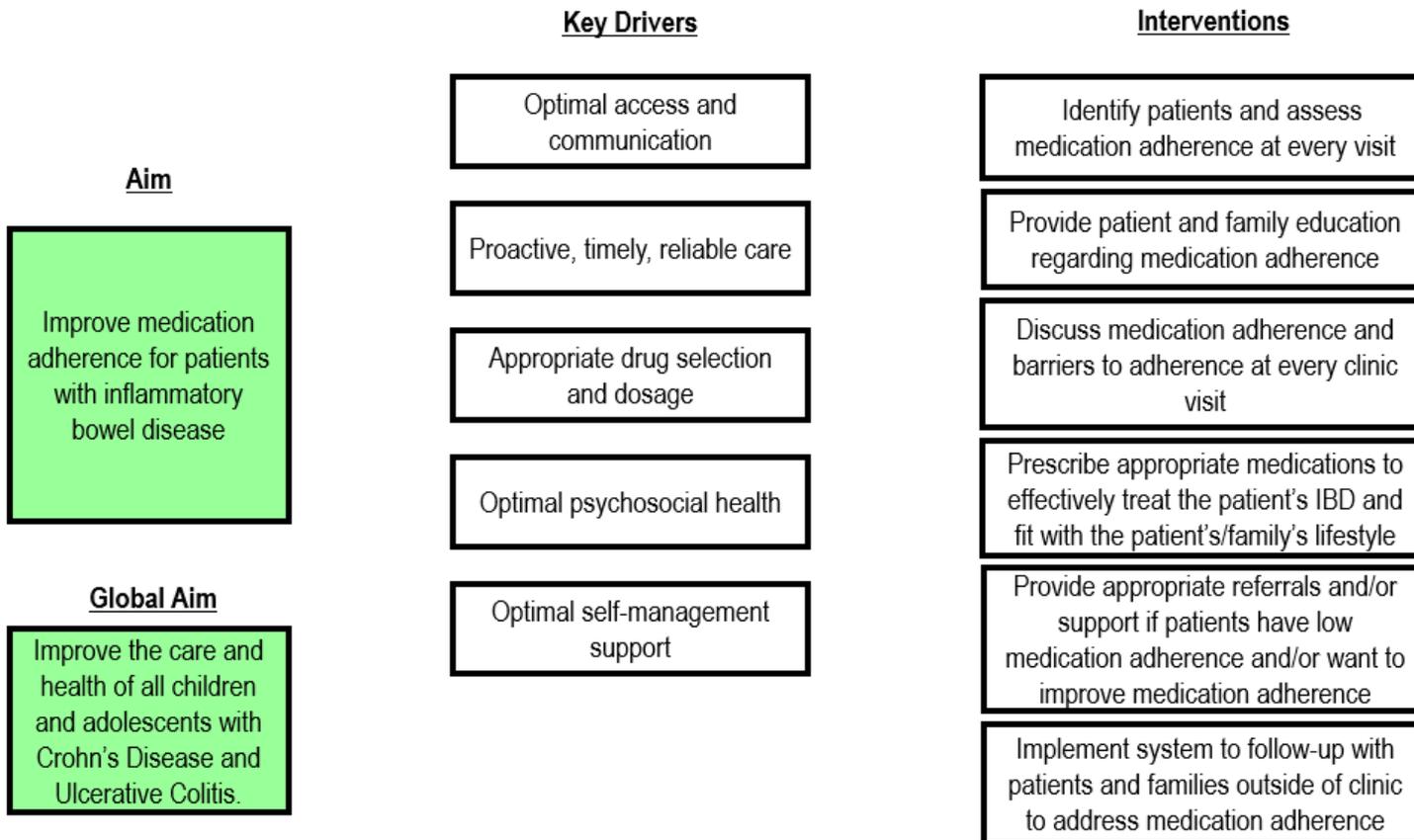
1. **The ImproveCareNow QI Curriculum Guide**: The goal of the Curriculum Guide is to help individual members of the ImproveCareNow Community assess their progress learning and applying a range of QI skills and tools that will support their journey from the time their QI team joins the Network to the time that they are a QI expert in their own right—ready to teach the tools and strategies to others.

2. **The ImproveCareNow Quality Improvement Checklist:** The ImproveCareNow Quality Improvement Checklist is used by teams to assess their progress over time toward achieving goals related to the care and outcomes of their pediatric patients with IBD as well as goals related to their participation in the ImproveCareNow Network.

3. **The ICN Exchange:** The ICN Exchange is a collaborative knowledge-sharing platform that allows members of an extended Learning Health Network to communicate and innovate across the globe. The various members of the community—from physicians to patients –use it to share seamlessly and steal shamelessly.

Medication Adherence Innovation Community Key Driver Diagram

IMPROVECARENOW

Medication Adherence
Key Driver Diagram (KDD)

Revision Date: *04/19/2016 (v1)*

Aim

> Improve medication adherence for patients with inflammatory bowel disease

Global Aim

> Improve the care and health of all children and adolescents with Crohn's Disease and Ulcerative Colitis.

Key Drivers

- Optimal access and communication
- Proactive, timely, reliable care
- Appropriate drug selection and dosage
- Optimal psychosocial health
- Optimal self-management support

Interventions

- Identify patients and assess medication adherence at every visit
- Provide patient and family education regarding medication adherence
- Discuss medication adherence and barriers to adherence at every clinic visit
- Prescribe appropriate medications to effectively treat the patient's IBD and fit with the patient's/family's lifestyle
- Provide appropriate referrals and/or support if patients have low medication adherence and/or want to improve medication adherence
- Implement system to follow-up with patients and families outside of clinic to address medication adherence

Interventions and Changes to Test

Intervention	Changes to Test
Identify patients and assess medication adherence at every visit	1. Flag or note IBD patients in the EHR system for easy identification 2. Flag or note IBD patients on the daily schedule for easy identification 3. Review patient schedules ahead of time to identify IBD patients 4. Create automation within the EHR to automatically generate medication adherence assessments for every IBD patient in clinic 5.
Provide patient and family education regarding medication adherence	1. Assign education to the appropriate role, both in the clinic setting and outside the clinic setting 2. Utilize standardized education materials that are readily available in clinic 3. Ensure clinic flow is setup to provide patient and family education 4.
Discuss medication adherence and barriers to adherence at every clinic visits	1. Create standardized notes within the EHR to prompt the clinical staff to discuss medication adherence 2. Ensure medication adherence assessments help identify barriers to high medication adherence 3.
Prescribe appropriate medications to effective treat the patient's IBD and fit with the patient's/family's lifestyle	1. Utilize the medication choice cards developed by ICN to discuss medication choices 2. If a patient has low adherence, discuss alternatives to current medications that may fit better with the patient's/family's lifestyle 3.
Provide appropriate referrals and/or support if patients have low medication adherence and/or want to improve medication adherence	1. Create automation within the EHR to automatically flag patients with low adherence or patients who want to improve their medication adherence 2. Create automation within the EHR to automatically generate referrals to support patients with low adherence 3.

Implement system to follow-up with patients and families outside of clinic to address medication adherence	1. Develop and implement an e-visit model 2. Develop and support use of electronic patient portals 3. Using Technology support for patient mentoring and family support like Smart Patients 4.